

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

ADDENDUM TO ONLINE APPLICATION FOR SECURITY PROFESSIONS

INSTRUCTIONS:

Complete applicable section(s) below if you submitted your application via Online Licensure Application System (OLAS) and return directly to DSPS. You may fax/email: (608) 261-7083 or DSPSCREDSecurity@wisconsin.gov.

APPLICANT INFORMATION:

Last Name

First Name

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Former / Maiden Name(s)

TO BE COMPLETED BY PRIVATE DETECTIVE/SECURITY AGENCY:

Applicant will be employed as a:

☐ Private Security Person

☐ Private Detective

Name of Employing Agency: (exactly as it appears on license)

Business Address of Employing Agency's Main Office: (street, city, state, zip)

License Number of Employing Agency:

Main Office Telephone Number:

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I certify that the agency listed above will employ and assume responsibility for the licensee and that failure to comply with the statutes and rules of the Department may be cause for disciplinary action. I will notify the Department of any change in employment within five (5) days after the date of change.

For Private Security Permit Applicants: If a 30-day temporary permit is issued, the applicant will not receive a permit to carry a firearm while holding a temporary permit. The temporary permit may not be renewed. If the Department has not received the FBI criminal record report by the end of the 30 days, the applicant will not be permitted to act as a private security person until the Department has received a satisfactory report and has issued a regular private security permit.

For Private Detective Applicants: I certify that the Private Detective, as required by Wis. Stats. § 440.26(4):

☐ is covered by our agency liability policy.

☐ is not covered by our agency liability policy.

☐ is covered by a \$2,000 bond in addition to the agency's \$100,000 bond. Attach the Bond of Private Detective or Private Detective Agency (**Form #1483**) to this form.

Print Name of Authorized Representative Signing Below:

Signature of Authorized Representative:

Date:

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